

<b>Case Number:</b>	CM15-0099131		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	08/10/2006
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old, male who sustained a work related injury on 8/10/06. The diagnoses have included status post right shoulder surgery and anxiety/stress. Treatments have included medications, home exercises and right shoulder surgery. In the PR-2 dated 2/11/15, the injured worker complains of having trouble sleeping on his right shoulder. The pain wakes him up at night. He rates this pain an 8/10. He states medication reduces pain level to a 5/10 and allows him to be functional. He has tightness in the acromioclavicular joint and subacromial space. The treatment plan includes refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Deep tissue massage two times a week times three weeks for the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

**Decision rationale:** The patient complains of right shoulder pain, rated at 8/10, as per progress report dated 02/11/15. The request is for deep tissue massage 2 x wk x 3 wks left elbow. No RFA could be found for this case, and the patient's date of injury is 08/10/06. The patient is status post right shoulder Mumford procedure and also suffers from anxiety and stress, as per progress report dated 02/11/15. Medications include Norco, Ambien and Soma. The reports do not document the patient's work status. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. In this case, none of the reports discuss prior massage therapy. The treater does not explain how this treatment modality may benefit the patient. In fact, there is no documentation of any left elbow symptom. While MTUS supports 4 to 6 visits of massage therapy, the reports lack documentation required to make a determination. Hence, the treater's request for 6 sessions is not medically necessary.